



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PUTNAM COUNTY HOSPITAL

City of Hospital: Greencastle

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Mary Stephenson

Email Address: mstephenson@pchosp.org

Medicare Provider Number: 151333

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9366157
Outpatient Patient Service Revenue	\$55012173
Total Gross Patient Service Revenue	\$64378330

2. Deductions From Revenue

Contractual Allowance	\$30447188
Other Deductions	\$1341636
Total Deductions	\$31788824

3. Total Operating Revenue

Net Patient Service Revenue	\$28571116
Other Operating Revenue	\$249564
Total Operating Revenue	\$28820680

4. Operating Expenses

Salaries and Wages	\$15967749	Employee Benefits	\$2651784
Depreciation and Amortization	\$2242856	Interest Expense	\$565514
Bad Debt	\$5360026	Other Expenses	\$10721266
Total Operating Expenses	\$37509195		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3328490	Total Assets	\$25453448
Net Non-operating Gains over Loss	\$1504403	Total Liabilities	\$14815267
Total Net Gains	\$-1824087		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24786054	\$11162312	\$13623742
Medicaid	\$7392745	\$5822819	\$1569926
Other Government	\$0	\$0	\$0
Other State	\$32199530	\$13462057	\$18737473
Other Payers	\$0	\$0	\$0
Total	\$64378329	\$30447188	\$33931141

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$69457	\$27910	\$41547

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

## Statement Five: Education Statement

Education of	Estimated	Estimated	Net Dollar Gain or
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	Incoming Revenue	Outgoing Expenses	Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	30000

## Statement Six: Charity Statement

Hospital Charity Charges	\$1341636
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$563487	
HCI Payments	\$0		
Subtotal	\$0	\$563487	\$-563487
Medicaid Shortfalls	\$137420	\$147698	
Subtotal	\$137420	\$147698	\$-10278
DSH Payments	\$173,227		
Subtotal	\$310647	\$147698	\$162949
Medicare Shortfalls	\$8843440	\$8908808	
Other Government Programs	\$0	\$0	
Total	\$9154087	\$9056506	\$97581

## Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$30591	\$-30591
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0

Other Allocations	\$0	\$0	\$0
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Comments

